**2023-2024 AmeriCorps Incident Report**

Incidents must be reported if they result in **ANY** of the following conditions:

* Any service-related fatality.
* Any service-related injury or illness that results in loss of consciousness, days away from service, restricted service, or transfer to another job. Any service-related injury or illness requiring medical treatment beyond first aid.
* Any violation of Federal, State or Local laws, any MCSC policies, or grant requirements.
* Member perceived safety, mental health, or emotional well-being are brought into question.

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO**  **(MCSC use only):** |  |

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| **INCIDENT INFORMATION** | | | | | | | | | | | |
| **INCIDENT TYPE:** | |  | | | | |  | **DATE OF INCIDENT:** | | |  |
| **LOCATION:** | |  | | | | | | | | | |
| **CITY:** | |  | |  | **STATE:** |  | | |  | **ZIP CODE:** |  |
| **SPECIFIC AREA OF LOCATION *(if applicable):*** | | |  | | | | | | | | |
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| **INCIDENT DESCRIPTION** | | | | | | | | | | | |
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| **NAME AND ROLE OF PARTIES INVOLVED (If a Member, include portal ID.)** | | | | | | | | | | | |
| **1.** |  | | | | | | | | | | |
| **2.** |  | | | | | | | | | | |
| **3.** |  | | | | | | | | | | |

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| **FOLLOW-UP ACTION (IF ANY)** | | | | | | |
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| **PROGRAM DIRECTOR NAME:** |  | **PROGRAM DIRECTOR SIGNATURE:** |  | **DATE:** |  |